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Bib Data Sheet

CONFIRMATION NO. 5959

SERIAL NUMBER 10/727,325	FILING OR 371(c) DATE 12/03/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 05471.00017
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/457,958 06/10/2003 PAT R,E38,533
which is a REI of 09/151,300 09/11/1998 PAT 6,327,497

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
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ADDRESS

22908

TITLE

Portable emergency oxygen and automatic external defibrillator (AED) therapy system

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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